

CITY OF CHULA VISTA
Employee's Report of Injury/ Illness
(Complete and present to Supervisor within 24 hours of injury/illness)

Name: _____ Dept/Position: _____

Date of Birth: _____ Home address: _____ Phone Number: _____

Date of injury/illness: _____ Day: M T W Th F Sat Sun Time of day: _____ Shift: start ☐ end ☐

Location where injury/illness occurred (address): _____
Did it occur on employer's premises? ☐ Yes ☐ No

Equipment worn (PPE): _____ Equipment used: _____

Describe injury or illness: _____ Body part(s) affected: _____

Did you see a physician? ☐ Y ☐ N Name/address of physician: _____

Were you hospitalized? ☐ Y ☐ N Name/address of hospital: _____

Name(s) of witness(es): _____

What were you doing when this injury/illness occurred? _____

How did this injury/illness occur? IN SEQUENCE _____

What factors do you think could have contributed to your injury/illness? Mark ALL that apply:

PROCEDURES

- ☐ None developed
- ☐ Developed but not understood
- ☐ Developed but not trained
- ☐ Developed but not accurate
- ☐ Developed but unable to follow
- ☐ Inexperience in using
- ☐ _____

COMMUNICATION

- ☐ Insufficient planning
- ☐ Breakdown in communication between workers
- ☐ " " workers and supervisor
- ☐ " " between work teams
- ☐ Confusion after communication
- ☐ Improper/lack of communication

PUBLIC SAFETY ONLY

- ☐ Due to high risk nature of activity (explain): _____

HAZARDS

- ☐ Created by man
- ☐ Created by external factors (weather)
- ☐ Documented but not repaired
- ☐ Unidentified
- ☐ Identified but accepted
- ☐ Repaired but deficient repair
- ☐ Conditions changed without

IN A HURRY

- ☐ Insufficient planning
- ☐ Employee perceived need
- ☐ Friendly competition
- ☐ Due to external factors
- ☐ Workload too heavy
- ☐ Lack of teamwork
- ☐ Taking shortcuts

TRAINING

- ☐ Insufficient training
- ☐ Not addressed in training
- ☐ Tool used incorrectly

FACILITIES/EQUIP

- ☐ Faulty equipment
- ☐ Poor design
- ☐ Equipment not available
- ☐ Equipment not used properly
- ☐ Corrosion or wear
- ☐ Ergonomic Factors
- ☐ _____

OTHER FACTORS

- ☐ Weather or Temperature
- ☐ Working long hours
- ☐ Physical overexertion
- ☐ Personal protective equipment
- ☐ Improper body position
- ☐ End of shift
- ☐ New job duties
- ☐ Not at optimal health (i.e. cold)
- ☐ Exposure (i.e. TB or blood)
- ☐ _____
- ☐ _____

How do you think this injury/illness could have been prevented? _____

Employee Signature: _____

Date: _____